



## **Supplemental Application Data Sheet**

### **Application Information**

Application Number::	10/578,860
Filing Date::	May 11, 2006
Application Type::	National Phase
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	0
Number of copies of CDs::	0
Sequence submission?::	No
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	SYSTEM AND METHOD FOR CARRYING OUT MULTIPLE BINDING REACTIONS IN AN ARRAY FORMAT
Attorney Docket Number::	27396U
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	11
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	N/a
Licensed U.S. Govt. Agency::	N/a
Contract or Grant Numbers::	N/a
Secrecy Order in Parent Appl.?::	No

**Applicant Information (1)**

Applicant Authority type::	Inventor
Primary Citizenship Country::	IL
Status::	Full Capacity
Given Name::	Ariel
Middle Name::	
Family Name::	NOTCOVICH
Name Suffix::	
City of Residence::	Haifa
State or Province of Residence::	
Country of Residence::	IL
Street of Mailing address::	28 Vardya Street, Apt# 1
City of mailing address::	Haifa
State/Province of mailing address::	
Country of mailing address::	IL
Postal Code of mailing address::	34657

**Applicant Information (2)**

Applicant Authority type::	Inventor
Primary Citizenship Country::	IL
Status::	Full Capacity
Given Name::	Alon
Middle Name::	
Family Name::	HERSCHHORN
Name Suffix::	
City of Residence::	Nesher
State or Province of Residence::	
Country of Residence::	IL
Street of Mailing address::	12 Ofakim St. apt#23
City of mailing address::	Nesher
State/Province of mailing address::	
Country of mailing address::	IL
Postal Code of mailing address::	36770

**Applicant Information (3)**

Applicant Authority type::	Inventor
Primary Citizenship Country::	IL
Status::	Full Capacity
Given Name::	Shai
Middle Name::	
Family Name::	NIMRI
Name Suffix::	
City of Residence::	Kibbutz Sarid
State or Province of Residence::	
Country of Residence::	IL
Street of Mailing address::	
City of mailing address::	Kibbutz Sarid
State/Province of mailing address::	
Country of mailing address::	IL
Postal Code of mailing address::	30099

**Applicant Information (4)**

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	John
Middle Name::	
Family Name::	BARICH
Name Suffix::	
City of Residence::	Pleasant Hill
State or Province of Residence::	CA
Country of Residence::	US
Street of Mailing address::	327 Scottsdale Road
City of mailing address::	Pleasant Hill
State/Province of mailing address::	CA
Country of mailing address::	US
Postal Code of mailing address::	94523

**Applicant Information (5)**

Applicant Authority type::	Inventor
Primary Citizenship Country::	IL
Status::	Full Capacity
Given Name::	Ariel
Middle Name::	
Family Name::	LIPSON
Name Suffix::	
City of Residence::	Haifa
State or Province of Residence::	
Country of Residence::	IL
Street of Mailing address::	12 Burla St. apt#16
City of mailing address::	Haifa
State/Province of mailing address::	
Country of mailing address::	IL
Postal Code of mailing address::	32811

**Applicant Information (6)**

Applicant Authority type::	Inventor
Primary Citizenship Country::	IL
Status::	Full Capacity
Given Name::	Ran
Middle Name::	
Family Name::	BOAZ
Name Suffix::	
City of Residence::	Haifa
State or Province of Residence::	
Country of Residence::	IL
Street of Mailing address::	9 Ruth St.
City of mailing address::	Haifa
State/Province of mailing address::	
Country of mailing address::	IL
Postal Code of mailing address::	34404

**Applicant Information (7)**

Applicant Authority type::	Inventor
Primary Citizenship Country::	IL
Status::	Full Capacity
Given Name::	Doron
Middle Name::	
Family Name::	LIPSON
Name Suffix::	
City of Residence::	Tel Aviv
State or Province of Residence::	
Country of Residence::	IL
Street of Mailing address::	4 Kahanstam St.
City of mailing address::	Tel Aviv
State/Province of mailing address::	
Country of mailing address::	IL
Postal Code of mailing address::	62193



**Applicant Information (8)**

Applicant Authority type::	Inventor
Primary Citizenship Country::	IL
Status::	Full Capacity
Given Name::	Yaakov
Middle Name::	
Family Name::	LEVIE
Name Suffix::	
City of Residence::	Misgav
State or Province of Residence::	
Country of Residence::	IL
Street of Mailing address::	Mitzpe Tzurit, P.O. Box 116
City of mailing address::	Misgav
State/Province of mailing address::	
Country of mailing address::	IL
Postal Code of mailing address::	20104

**Correspondence Information**

Correspondence Customer Number::	20529
Name::	THE NATH LAW GROUP
Street of mailing address::	112 S. West Street
City of mailing address::	Alexandria
State or Province of mailing address::	VA
Country of mailing address::	US
Postal or Zip Code of mailing address::	22314
Phone number::	(703) 548-6284
Fax number::	(703) 683-8396
E-Mail address::	ip@nathlaw.com

**Representative Information**

Representative Customer Number::	20529
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date (MM/DD/YY) ::
This Application	National Stage of	PCT/IL2004/001043	11/14/04
PCT/IL2004/001043	An Application Claiming the Benefit Under 35 USC 119(e)	60/518,878	11/12/03

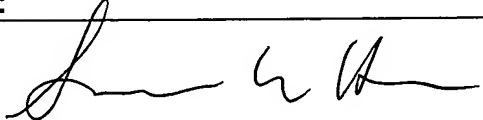
**Foreign Priority Information**

Country::	Application Number::	Filing Date:: (MM/DD/YY)	Priority Claimed::

**Assignee Information**

Assignee name::	BIO-RAD HAIFA LTD.
Street of mailing address::	Guthwirth Science Park, Technion City,
City of mailing address::	Haifa
State/Province of mailing address::	
Country of mailing address::	IL
Postal Code of mailing address::	32000

**Signature::**

Signature:: 			
First Name::	Susanne M.	Last Name::	Hopkins
Registration No.::	33,247	Date (MM/DD/YY)::	<u>8</u> / <u>21</u> /09